

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**FRANK DEVERSE**

Mailing Address P O 484

City

GLENBROOK

State

NV

Zip Code

89413-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.215622**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**B. Full Name (Last, First, Middle Initial)**

**HEIDI GANAHL**

Mailing Address 1705 ELDORADO CIR

City

SUPERIOR

State

CO

Zip Code

80027-8279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMP BOW WOW

Occupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.215273**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MRS. JANIS F. GLEASON**

Mailing Address 90 CORTE PATENCIO

City

GREENBRAE

State

CA

Zip Code

94904-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5350.00

**Transaction ID : SA17.215067**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2650.00

REATTRIBUTION / REDESIGNATION REQUESTED  
(AUTOMATIC)

**Subtotal Of Receipts This Page (optional)**.....

5600.00

**Total This Period (last page this line number only)**.....